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DAVID KING; DOUGLAS HURST; BRENDA LEVY; and ROSE LUCK,
Petitioners,

v.

SYLVIA MATHEWS BURWELL, as U.S. Secretary of Health and Human Services; UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; JACOB LEW, as U.S. Secretary of the Treasury; UNITED STATES DEPARTMENT OF THE TREASURY; INTERNAL REVENUE SERVICE; and JOHN KOSKINEN, as Commissioner of Internal Revenue,
Respondents.

On Writ of Certiorari To The United States Court of Appeals for the Fourth Circuit

BRIEF FOR AMICI CURIAE NATIONAL WOMEN'S LAW CENTER, ET AL. IN SUPPORT OF RESPONDENTS

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Pages i-iv are missing in the original

TABLE OF CONTENTS

Page

TABLE OF AUTHORITIES vii

STATEMENT OF INTEREST 1

SUMMARY OF ARGUMENT 3

ARGUMENT 5

I. A MAJOR PURPOSE OF THE ACA IS ELIMINATING PRACTICES THAT DISCRIMINATE AGAINST AND DISADVANTAGE WOMEN 5

A. Women faced enormous obstacles to obtaining affordable health insurance and equal access to health care 7

B. Key ACA reforms seek to address and ameliorate these economic and health impacts on women 12

1. The non-discrimination market rules 12

2. Ending "gender rating" 14

3. Access to health insurance for maternity care 16

4. Prohibiting sex discrimination in health care and health insurance 17

5. Preventive health benefits 18

II. BECAUSE OF THE ACA, MILLIONS OF AMERICAN WOMEN NOW HAVE ACCESS TO AFFORDABLE HEALTH CARE 21

TABLE OF CONTENTS—Continued

Page

III. THE TAX CREDITS ARE CRITICAL TO ACHIEVING THE GOALS OF THE ACA AND MAINTAINING ACCESS TO AFFORDABLE HEALTH CARE FOR AMERICAN WOMEN 25

A. Tax credits are integral to the ACA's viability 26

B. Because of the tax credits, over nine million American women have access to health insurance 28

C. The tax credits have a real impact on real women 30

IV. WITHOUT THE TAX CREDITS, MILLIONS OF AMERICAN WOMEN WOULD LOSE ACCESS TO HEALTH INSURANCE 34

CONCLUSION 38

APPENDIX

TABLE OF AUTHORITIES

Page

CASES:

Biediger v. *Quinnipiac Univ.*,
691 F.3d 85 (2d Cir. 2012) 2

Burwell v. *Hobby Lobby Stores*,
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No. 12-1226 2

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Page

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TABLE OF AUTHORITIES—Continued

Page

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BRIEF FOR AMICI CURIAE NATIONAL WOMEN'S LAW CENTER, ET AL. IN SUPPORT OF RESPONDENTS

STATEMENT OF INTEREST[1]

Amici curiae are advocacy organizations and health care providers that share the goal of securing wom-

[1] No party or counsel for a party authored this brief in whole or in part. No party, counsel for a party, or person other than the amici curiae or their counsel made a monetary contribution intended to fund the preparation or submission of this brief. Petitioners and respondents have filed blanket consents to the filing of amicus curiae briefs in this case.

en's access to comprehensive and affordable health care under the Patient Protection and Affordable Care Act (ACA).[2]

The National Women's Law Center (NWLC) is a nonprofit legal advocacy organization dedicated to the advancement and protection of women's legal rights since its founding in 1972. It has advocated on a broad range of legal issues of importance to women, frequently filing amicus curiae briefs in this Court and in the courts of appeals. *See, e.g.*, *Young* v. *United Parcel Service*, No. 12-1226 (Pregnancy Discrimination Act); *Burwell* v. *Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014) (preventive services coverage under ACA); *United States* v. *Windsor*, 133 S. Ct. 2675 (2013) (same-sex marriage); *Latta* v. *Otter*, 771 F.3d 456 (9th Cir. 2014) (same-sex marriage); *Biediger* v. *Quinnipiac Univ.*, 691 F.3d 85 (2d Cir. 2012) (Title IX).

NWLC has advocated specifically on issues affecting women's health care—from discrimination in health care to pregnancy and reproductive health care to Medicare and Medicaid. NWLC filed an amicus curiae brief in *National Federation of Independent Business* v. *Sebelius*, 132 S. Ct. 2566 (2012), explaining on behalf of itself and sixty additional organizations the impact on women of the ACA's minimum coverage provision.

Statements of interest of the additional sixty-eight amici organizations are provided in the Appendix to

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[2] Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010), as amended by the Heath Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (2010), hereinafter "the ACA" or "the Act."

this brief. Together, amici are committed to ensuring that women, and all Americans, have access to affordable health insurance and the resources to obtain comprehensive health care services. All joining amici are deeply concerned about the impact that the Court's decision may have on women's access to health insurance. Amici therefore respectfully offer their views to aid the Court in this case.

SUMMARY OF ARGUMENT

Women have long faced great difficulty obtaining comprehensive, affordable health coverage. In the past, health insurance has frequently failed to cover women's unique health needs, leaving women with less access to health care services. Across America, women earn lower wages than men and suffer from higher rates of poverty. And historically, women are substantially more likely to forgo health care because of cost.

Many of the ACA's key provisions were designed to remedy these disparities and to provide women with more affordable access to health insurance and health care. Indeed, improving women's health and ending sex discrimination in health care are key purposes of the ACA. For example, the ACA implemented key market reforms, ended so-called "gender rating," required health plans to cover maternity care and preventive services important to women, and prohibited sex discrimination in health care and in the health insurance industry.

Those reforms have gone a long way toward protecting women from discriminatory health insurance practices, making health coverage more affordable and easier to obtain, and improving access to many of the health services women need. And those re-

forms depend upon two other components of the ACA—the individual responsibility provision and the provision of tax credits to help low- and moderate-income women and families purchase health insurance, including on federally-facilitated Exchanges.

These tax credits are critical. Over 9 million women, who would otherwise go without affordable health insurance, are eligible to benefit from them, including a disproportionate number of women of color. The ACA's tax credits provide women with access to comprehensive health benefits, including women's preventive services, maternity coverage, and other services critical to women's health. In 2014, the vast majority of enrollees in the federally-facilitated Exchanges used tax credits to purchase coverage, with women making up the majority of enrollees in these exchanges.[3] This brief highlights the importance of these tax credits and presents the stories of just a few of these women—women for whom the tax credits have made the difference, enabling them to purchase adequate health insurance and receive much-needed care.

The tax credits are not only critical to women's health; they are critical to the ACA's continued viability. Congress encouraged participation in the insurance market primarily through the careful interrelation of the individual-responsibility provision, market reforms, and tax-credit provisions. Eliminate the tax credits, and the system unravels.

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[3] U.S. Dep't of Health and Human Servs., *Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period* 13 (2014) ("HHS Enrollment Report"), *available at* http://goo.gl/F416E2.

ARGUMENT

I. A MAJOR PURPOSE OF THE ACA IS ELIMINATING PRACTICES THAT DISCRIMINATE AGAINST AND DISADVANTAGE WOMEN.

One of the ACA's major goals is to eliminate the obstacles women face in accessing health care. Before the ACA's passage, insurance companies had longstanding practices of refusing to sell policies to individuals with "pre-existing conditions." For women, these conditions could include pregnancy, a previous Caesarian delivery, or health problems that resulted from domestic abuse.[4] And women who *could* obtain health insurance were routinely charged more for coverage than their male counterparts based solely on their sex.[5] These blatant gender inequalities in access and affordability of health care caused then-Speaker of the House Nancy Pelosi to comment that the mere fact of being a woman was, itself, a "pre-existing condition" in the health insurance marketplace.[6]

In response to these obstacles, Congress sought to ensure that all Americans could access affordable health insurance, and to level the playing field so that women were no longer systematically disadvantaged in the health care market. As part of the ACA's reforms, Congress required virtually every American to either enroll in health coverage, if it is

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[4] *See infra* at 12–15.

[5] *See id.*

[6] *See* 156 Cong. Rec. H1891-01 (daily ed. Mar. 21, 2010).

affordable, or pay a penalty.[7] By "broaden[ing] the health insurance risk pool to include healthy individuals,"[8] Congress sought to "lower health insurance premiums."[9] In order to facilitate this broad participation in the health insurance market, Congress designed a system of state-specific "exchanges" where individuals can compare and purchase health insurance plans.[10] If a state elects not to establish an exchange or fails to adequately establish one, the ACA requires the federal government to step in to establish and operate a federally-facilitated Exchange in that state.[11] And because obtaining health insurance is cost-prohibitive for many Americans, Congress also created a system of tax credits designed to ease the cost burden of insurance.

These tax credits are available to "an applicable taxpayer,"[12] defined as a taxpayer whose family income is between 100% and 400% of the federal poverty level.[13] On average, the tax credits reduce health insurance premiums by 76%.[14] The credits

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[7] *See* 26 U.S.C. § 5000A(b)(1).

[8] 42 U.S.C. § 18091(2)(I).

[9] *Id.* (finding that without the mandate, "many individuals would wait to purchase health insurance until they needed care").

[10] *Id.* § 18031(d).

[11] *Id.* §§ 18031(b)(1), 18041(c).

[12] 26 U.S.C. § 36B(a).

[13] *Id.* § 36B(c)(1)(A). Tax credits are also available to immigrants with incomes below 100% FPL who do not yet qualify for Medicaid coverage.

[14] *See* Amy Burke et al., U.S. Dep't of Health and Human Servs., *Premium Affordability, Competition, and Choice in the*

also are a progressive benefit, providing greater support to those most in need. Additional "cost-sharing reductions" are also available to low- and moderate-income families.[15] For example, the ACA authorizes federal payments to insurers to lower individuals' cost-sharing expenses, such as co-payments or deductibles, for certain insurance purchased through an exchange.[16] These payments effectively buy-down the enrollees' cost-sharing obligations.

By ensuring affordable health coverage, the tax credits—and the ACA as a whole—make great strides in eliminating the obstacles women face in accessing health care. After all, "health care is a women's issue[,] [h]ealth care reform is a must-do women's issue, and health insurance reform must be a must-change women's issue."[17]

A. Women faced enormous obstacles to obtaining affordable health insurance and equal access to health care.

On average, for each dollar an American man is paid, his female counterpart is paid 78 cents.[18] Even

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Health Insurance Marketplace, 2014 2 (2014) ("HHS Tax Credit Report"), *available at* http://goo.gl/FPMdaF.

[15] *See* 42 U.S.C. § 18071(c).

[16] *Id.* § 18071(c)(2).

[17] 155 Cong. Rec. S12026 (daily ed. Dec. 1, 2009) (statement of Sen. Mikulski); 155 Cong. Rec. S10262-01 (daily ed. Oct. 8, 2009) (statement of Sen. Boxer) ("Women have even more at stake. Why? Because they are discriminated against by insurance companies, and that must stop, and it will stop when we pass insurance reform.").

[18] Carmen DeNovas-Walt & Bernadette D. Proctor, U.S. Census Bureau, *Income and Poverty in the United States* 7 (2014)

after controlling for relevant variables—education, age, experience, industry, performance, hours worked, marital status, children—a significant gender wage gap persists.[19]

And the gap is even wider for women of color. For each dollar paid to a white, non-Hispanic man, his African-American female counterpart is paid 64 cents; his Latina counterpart, 56 cents.[20]

The wage gap is one reason why men are less likely to live in poverty or near-poverty than women. In 2013, 32% of men lived in households below 200% of the federal poverty level, compared to 36% of women and 43% of children.[21] And poverty strikes women of color with particular force: More than 50% of Afri-

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("Census Report"), *available at* http://goo.gl/22EyzO; *see also* National Women's Law Center, *The Wage Gap is Stagnant for Nearly a Decade* 1–2 (Sept. 2014), *available at* http://goo.gl/OKQ0Dn.

[19] U.S. Gov't Accountability Office, *Women in Management: Analysis of Female Managers' Representation, Characteristics, and Pay* 2–3 (2010), *available at* http://goo.gl/g8J9u5.

[20] National Equal Pay Task Force, *Fifty Years After the Equal Pay Act* 23 (2013), *available at* http://goo.gl/oiIru9. Although the U.S. Census Bureau uses the label "Hispanics," this brief uses the terms "Latinos" and "Latinas" to describe this ethnic group. No quantitative distinction in the data sets is intended. *See, e.g.*, Cindy Y. Rodriguez, *Which is it, Hispanic or Latino?*, CNN.com (May 3, 2014), http://goo.gl/BgED6C (last visited January 27, 2015); Jeffrey Passel & Paul Taylor, Pew Hispanic Center, *Who's Hispanic?* (2009), *available at* http://goo.gl/XiMZyR.

[21] Census Report, at 17, tbl. 5. The U.S. Census Bureau's most recent report covers 2013.

can-American women and 53% of Latinas live in poverty or near-poverty.[22]

Women are not just caring for themselves on these lower incomes—they are substantially more likely than men to have sole responsibility for children. Only six million men are single heads of households, compared to the *fifteen* million women who are single heads of households.[23] In addition, male single heads of households have a median income of $51,000, while female heads of households have a median income of $35,000.[24]

Although women have lower wages and higher rates of poverty than men, they have greater health care needs throughout their lifetimes.[25] For instance, 60% of women of all ages regularly take prescription medications (compared to 44% of men).[26] Nearly 40% of women (compared to 30% of men) have a chronic condition requiring ongoing medical treatment.[27] And women are twice as likely to be af-

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[22] *Id.*

[23] *Id.* at 6, tbl. 1

[24] *Id.*

[25] Alina Salganicoff et al., Kaiser Family Found., *Women and Health Care in the Early Years of the Affordable Care Act* 13 (2014), *available at* http://goo.gl/ptNsk8.

[26] Elizabeth M. Patchias & Judy Waxman, Commonwealth Fund and National Women's Law Center, *Women and Health Coverage: The Affordability Gap* 4 (Apr. 2007), *available at* http://goo.gl/8wG2h2; *see also* Joint Economic Committee, *Comprehensive Health Care Reform: An Essential Prescription for Women*, H.R. Rep. No. 111-388, at 70 (2009).

[27] Patchias & Waxman, *supra*, at 4.

fected by certain mental health problems, such as depression.[28]

Women's health care needs are particularly acute during their reproductive years. Roughly 85% of women in the United States have given birth by age 44.[29] On average, a woman spends five years trying to get pregnant, being pregnant, or recovering from pregnancy, as well as three decades attempting to control when she becomes pregnant.[30] Throughout their reproductive years, regardless of whether they have children, women require substantially more contact with medical providers than men their age.[31]

In short, women have unique health care needs. But historically they have had less ability to access the care they need.

In the year before the ACA's exchanges began operating, more than 41 million nonelderly Americans lacked health insurance.[32] The main reason was that they could not afford it.[33] Low-income women were severely impacted; 4 in 10 were uninsured.[34]

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[28] *Id.*

[29] *See, e.g.*, H.R. Rep. No. 111-388, at 70.

[30] *Id.* at 82.

[31] *Id.* at 70.

[32] Melissa Majerol et al., Kaiser Family Found., *The Uninsured: A Primer* 4 (2014), *available at* http://goo.gl/618gwn (last visited January 27, 2015).

[33] *Id.*

[34] Salganicoff et al., *supra*, at 2. "Low-income women" in this context means adult women between 18 and 64 with a household income below 200% of the federal poverty level. In comparison, for women living in households above that threshold, the uninsured rate was 5%. *Id.* at 13.

And because people of color are far more likely to live in poverty or near-poverty than whites, it is no coincidence that before the ACA women of color were particularly likely to be uninsured.[35] In 2013, the uninsured rate for white women was 13%; for African-American women, 22%; and for Latinas, 36%.[36]

More troubling still were disparities in actual care received. Historically, women have been substantially more likely than men to forgo health care because of cost. In the year before the exchanges went into operation, because of cost, 22% of women did not fill prescriptions or skipped prescribed doses (compared to 12% of men); 26% of women delayed or went without medical care (compared to 20% of men); and 28% of women had problems paying for medical care (compared to 19% of men).[37] Women were also more likely to forgo essential preventive services because of cost.[38]

While cost hit women hard, it struck women of color hardest. Because of cost, almost a quarter of women of color (23%) were unable to visit a doctor (compared to 15% of white women).[39] Latinas and Native American women were uniquely impacted, with 27% and 26% respectively not being able to visit a doctor because of cost.[40]

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[35] *Id.* at 2; Majerol, *supra*, at 5.

[36] Salganicoff et al., *supra*, at 2, 13.

[37] *Id.* at 14, fig. 10.

[38] *See* H.R. Rep. No. 111-388, at 79–81.

[39] *Id.* at 81.

[40] *Id.*

B. Key ACA reforms seek to address and ameliorate these economic and health impacts on women.

The ACA seeks to mitigate the economic and health impacts of the disadvantages and discrimination that women face, remove barriers to women's participation in the health insurance market, and advance women's health generally. To achieve these central goals, the Act targets practices that discriminate against or disadvantage women.

1. The non-discrimination market rules

The ACA contains a number of non-discrimination market reforms. Insurers are required to provide coverage to all who apply, known as "guaranteed issue," and cannot charge higher premiums based on an individual's health status, known as "community rating."[41] These provisions prevent insurers from "cherry pick[ing] healthy people and * * * weeding out those who are not healthy,"[42]—or as was sometimes the case pre-ACA, weeding out otherwise healthy individuals who happened to be women.

The ban on the practice of denying coverage based on pre-existing conditions, a centerpiece of the ACA, disproportionately benefits women. Congress understood that women were particularly hard hit by insurance companies' policies and definitions of what counted as a disqualifying "pre-existing condition."[43]

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[41] 42 U.S.C. §§ 300gg(a); 300gg-1(a).

[42] H.R. Rep. No. 111-299, pt. III, at 92 (2009).

[43] *See, e.g.*, 155 Cong. Rec. S11132-05 (daily ed. Nov. 5, 2009) (statement of Sen. Brown).

For example, before the ACA, insurance companies in nine states—all participants in the federally-facilitated Exchanges—could deny coverage to survivors of domestic violence.[44] Plans also denied coverage based on an applicant's being a past victim of sexual assault. For example, Christina Turner received anti-HIV medication as a precaution after she was sexually assaulted in 2002.[45] Because of this, Christina could not obtain health insurance for three years. Even though she tested negative for HIV, insurers refused to extend coverage based only on the fact that she received this medication.

Some insurance companies would deny coverage to a woman if she previously had a Caesarean delivery—a particularly pernicious practice given that nearly one-third of births in the United States are Caesarean deliveries.[46] One woman who had that "pre-existing condition," Peggy Robertson, testified before the Senate Committee on Health, Education, Labor, and Pensions that she was denied health cov-

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[44] Lisa Codispoti et al., National Women's Law Center, *Nowhere to Turn: How the Individual Health Insurance Market Fails Women* 8 (2008), http://goo.gl/QodK0s; *see e.g.*, 156 Cong. Rec. H1873 (daily ed. March 21, 2010) (statement of Rep. Woolsey); 155 Cong. Rec. S10264 (daily ed. Oct. 8, 2009) (statement of Sen. Shaheen); 155 Cong. Rec. S12462 (daily ed. Dec. 5, 2009) (statement of Sen. Harkin).

[45] Danielle Ivory, *Rape Victim's Choice: Risk AIDS or Health Insurance?*, Huffington Post (March 18, 2010), http://goo.gl/Uuz2Jg.

[46] 155 Cong. Rec. S10265 (daily ed. Oct. 8, 2009) (statement of Sen. Murray); 155 Cong. Rec. S11132-05 (daily ed. Nov. 5, 2009) (statement of Sen. Bennet); Joyce Martin & Brady Hamilton et al., *Births: Final Data for 2012*, 62 Nat'l Vital Statistics Reports 9 (2013), *available at* http://goo.gl/KoBPXI.

erage based on her prior Caesarean delivery, but was told she could get coverage if she "would get sterilized[.]"[47] Before the ACA, Peggy had no recourse: in the vast majority of states, it was legal to "discriminate against women who have had a [Caesarean delivery]."[48]

Other women, such as Marilyn Schramm of Texas, also have experienced damaging coverage denials. After retirement, Marilyn could not purchase individual health insurance because of the "pre-existing condition" of her ongoing complications from suffering cervical cancer almost thirty years ago.[49]

The ACA's non-discrimination market provisions aimed to eliminate these and other incidences of discrimination in the health insurance market.[50]

2. Ending "gender rating"

Prior to the ACA's full implementation, the majority of states still permitted health insurance plans to charge more based solely on the fact that an applicant was female. This practice, known as "gender rating," was as harmful as it was widespread: 92% of best-selling plans charged a 40-year-old woman

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[47] *What Women Want: Equal Benefits for Equal Premiums: Hearing Before the Comm. on S. Health, Edu., Labor and Pensions*, 111th Cong. (2009) (testimony of Peggy Robertson).

[48] *Id.*

[49] *See infra* at 34.

[50] *See, e.g.*, 155 Cong. Rec. S10264 (daily ed. Oct. 8, 2009) (statement of Sen. Shaheen) ("[A]ny legislation . . must level the playing field and make health care accessible and affordable for all").

more than a 40-year-old man for the same plan.[51] Only 3% of these plans covered maternity services.[52] The end result of gender rating sometimes defied logic—for example, 56% of best-selling plans charged a non-smoking 40-year-old woman a higher premium than a 40-year-old male smoker.[53]

Gender rating was not limited to the individual market. This meant that "businesses with predominantly female workforces end[ed] up paying significantly more for coverage."[54] Thus, the impact of gender rating reached beyond individual consequences to women and their families to small businesses and their employees. Depending on the gender mix of their workforce, small businesses could be burdened with higher health insurance premiums and be at a competitive disadvantage to other firms with fewer female employees. Businesses with a predominantly female workforce experience the effects of gender rating most acutely. Women account for the majority of employees in a wide range of industries, including home health care, child care, other health care providers, and elementary and middle school teachers.[55]

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[51] Danielle Garrett et al., National Women's Law Center, *Turning to Fairness* 7 (2012), http://goo.gl/P2ORDG; 155 Cong. Rec. S10264 (daily ed. Oct. 8, 2009) (statement of Sen. Gillibrand) ("[U]nder the current system, a 25-year-old woman pays up to 45 percent more for the same or identical coverage" a 25-year-old man receives).

[52] Garrett et al., *supra*, at 7.

[53] *Id.* at 8.

[54] *Id.* at 9.

[55] 15 U.S. Bureau of Labor Statistics, Women in the Labor Force: A Data Book (2014), http://goo.gl/nJxR7L.

The ACA limits rating factors in the individual and small group markets to age, geography and (at state discretion) smoking status, which means that plans can no longer charge women—or their small employer—higher premiums.[56]

3. Access to health insurance for maternity care

Under the ACA, new health plans in the individual and small-group markets cover maternity and newborn care as "essential health benefits."[57] And plans are no longer permitted to require authorization or referral for women seeking obstetric or gynecological care from participating specialists.[58]

These reforms eliminated the "shocking" reality that many women were denied access to affordable health insurance for maternity care, or in many cases, maternity coverage at any price.[59] Indeed, a 2012 study of 3300 individual market plans around the United States found that only 12% included any coverage for maternity care.[60] For example, when La-

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[56] *See* Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 1201, 124 Stat. 154 (2010).

[57] *Id.* § 1302(b)(D).

[58] *Id.* § 2719A(d).

[59] 155 Cong. Rec. S10265 (daily ed. Oct. 8, 2009) (statement of Sen. Mikulski); *see also* 155 Cong. Rec. S12027 (daily ed. Dec. 1, 2009) (statement of Sen. Gillibrand); H.R. Rep. No. 111-299, pt. III, at 104 ("The Committee recognizes that historically, insurers have not covered medical services addressing a range of women's health needs, resulting in high out-of-pocket costs for medical services, such as maternity care and preventive screenings.") (2009).

[60] *See* Garrett et al., *supra*, at 23.

Donna Appelbaum of Missouri became pregnant, she discovered that her individually-purchased plan did not cover maternity care—nor did it cover services related to her eventual miscarriage.[61]

Even where women were given the option to purchase supplemental maternity benefits, known as a rider, the coverage was both limited and expensive.[62] In LaDonna's case, she found that adding maternity coverage would have required a one-year waiting period and would have quadrupled her premium. These limitations were no accident. For example, company executives for one insurer noted the "risk" that "by offering a maternity rider [the company] would be attractive to potential members who are likely to have children."[63] Under the ACA, insurers can no longer hedge their coverage bets to the detriment of women's health.

4. Prohibiting sex discrimination in health care and health insurance

The ACA is the first federal law to broadly prohibit sex discrimination in health care and health insurance. The Act prohibits discrimination on the basis of sex (including pregnancy, gender identity, and sex

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[61] *See infra* at 35.

[62] *See* Garrett et al., *supra*, at 6; *What Women Want: Equal Benefits for Equal Premiums*, *supra* (testimony of Amanda Buchanan), *available at* http://goo.gl/h1Fjhl.

[63] Chairman Henry A. Waxman & Rep. Bart Stupak, Maternity Coverage in the Individual Health Insurance Market, Memorandum to House Committee on Energy and Commerce, 111th Cong., 6–8 (Oct. 12, 2010), *available at* http://goo.gl/62z3MS.

stereotyping),[64] race, national origin, disability, or age in health programs or activities receiving federal financial assistance, as well as discrimination by programs administered by executive agencies or any entity established under Title I of the ACA (such as the Health Insurance Exchanges, the "insurance marketplaces" where individuals and small employers can compare and purchase health plans).[65] This groundbreaking provision provides important new safeguards against sex discrimination in health care provision, health insurance implementation, and benefit design.

5. Preventive health benefits

The ACA emphasizes the important role of prevention in health coverage and public health initiatives. This is of particular significance to women, who need more preventive care on average than men, but who, prior to implementation of the ACA, were more likely than men to forgo essential preventive services, such as cancer screenings, because of their cost.[66] In par-

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[64] *See* Letter from Director, Department of Health and Human Services Office of Civil Rights, to Maya Rupert, Federal Policy Director, National Center for Lesbian Rights (July 12, 2012), *available at* http://goo.gl/nax4Ee; *see also* National Women's Law Center, *LGBT Americans and the Affordable Care Act*, 3 (Aug. 2013), *available at* http://goo.gl/lxtAUG.

[65] *See* 42 U.S.C. § 18116; 155 Cong. Rec. S11192-05 (daily ed. Nov. 5, 2009) (statement of Sen. Brown) (explaining that under the ACA, "nobody will be denied care because of discrimination, because of their disability, because of their age or their gender or their geography").

[66] *See, e.g.*, H.R. Rep. No. 111-388, at 79-81 (2009); Steven Asch et al., *Who Is at Greatest Risk for Receiving Poor-Quality Health Care?*, 354 New Eng. J. Med. 1147, 1151 (2006).

ticular, the ACA requires all new individual market plans, most employer plans, and Medicaid expansion programs to cover a range of preventive services, including services recommended by the United States Preventive Services Task Force and women's preventive services endorsed by the Health Resources and Services Administration. Plans must cover these services without cost-sharing—thus removing financial barriers to care so that women are better able to stay healthy and discover health problems before they become untreatable.

For example, the ACA makes it easier for women to access the benefits of breastfeeding. Insurers must cover lactation support and counseling, and rental or purchase of lactation equipment, without cost to the individual.[67] In addition, employers with more than 50 employees must provide employees break times and a private location other than a bathroom for expressing breast milk.[68] The benefits of breastfeeding accrue both to the mother and child, and include reduced risks of type 2 diabetes, breast cancer, ovarian cancer and postpartum depression for mothers, and of ear infections, diarrhea, lower respiratory infections, asthma, diabetes, obesity, childhood leukemia, and other conditions in children.[69]

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[67] 29 C.F.R. § 2590.715–2713(a)(1)(iv) (2014); Health Resources and Services Administration, *Women's Preventive Services: Required Health Plan Guidelines* (2013), http://goo.gl/7iguRP.

[68] 29 U.S.C. § 207(r)(1).

[69] Stanley Ip et al., U.S. Dep't of Health and Human Servs., *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries* (2007), *available at* http://goo.gl/bxHmaq.

The ACA also requires new plans to cover recommended gynecological services and screenings at no cost to the individual.[70] And it guarantees women access to all FDA-approved methods of contraception, sterilization, and related education and counseling without cost.[71] Other important preventive services of particular importance to women include mammograms, genetic counseling and testing for women at high risk of carrying the BRCA1 and BRCA2 mutations, screening and counseling for intimate partner violence, and well-woman visits. Plans must cover all of these services without patient cost-sharing.

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All of these reforms, and others, target practices that discriminate against or disadvantage women—and have already succeeded in improving women's access to coverage and care.

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[70] 42 U.S.C. § 300gg-13(a)(4); *see also* 29 C.F.R. § 2590.715–2713(a)(1)(iv) (2014); Health Res. and Servs. Admin., *Women's Preventive Services: Required Health Plan Guidelines* (2013), *available at* http://goo.gl/MkccR1.

[71] *See, e.g.*, 155 Cong. Rec. S12027 (daily ed. Dec. 1, 2009) (statement of Sen. Gillibrand) ("With Senator Mikulski's amendment, even more preventive screening will be covered, including for post-partum depression, domestic violence, and family planning."); 155 Cong. Rec. S12274 (daily ed. Dec. 2, 2009) (statement of Sen. Murray) ("Women will have improved access to well-women visits—important for all women; family planning services; mammograms . . . to make sure they maintain their health.").

II. BECAUSE OF THE ACA, MILLIONS OF AMERICAN WOMEN NOW HAVE ACCESS TO AFFORDABLE HEALTH CARE.

Although they have only been in operation for about a year, health insurance exchanges have already made a profound difference in the lives of millions of Americans. During the first enrollment period, eight million people obtained health insurance coverage through the exchanges.[72] Of these, 5.45 million (68%) obtained health insurance through federally-facilitated Exchanges.[73]

Given the demographics of the previously uninsured and the barriers that cost has historically posed to obtaining health insurance, it is unsurprising that most of the newly insured are low- and moderate-income Americans.[74] By the Urban Institute's estimate, for example, for those living above 400% of the federal poverty level, the number with health insurance coverage increased 0.2%; for those between 139–399% of the federal poverty level, the number

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[72] The exchanges' first open enrollment period ran from October 1, 2013 through March 31, 2014.

[73] U.S. Dep't of Health and Human Servs., *Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period*, tbl. 1 (May 1, 2014) ("HHS Enrollment Report"), *available at* http://goo.gl/wZv5Ai. To help account for the people in line on March 31, this data includes the initial open enrollment period of October 1, 2013–March 31, 2014, as well as data through April 19, 2014.

[74] *E.g.*, Sharon Long et al., Urban Inst., *Taking Stock: Health Insurance Coverage under the ACA as of September 2014*, 1 (2014) ("Urban Institute Report"), *available at* http://goo.gl/PYtFdd. This is unsurprising for several reasons, chief among them that the overwhelming majority of uninsured Americans have low- and moderate-incomes.

increased 5.2%; and for those below 139% of the federal poverty level, the number increased 12%.[75]

Though estimates vary, most experts appear to agree that during the exchanges' first year, the number of uninsured Americans fell by about 10 million.[76] Groups with historically higher-than-average uninsured rates felt the impact the most.[77] African-American adults saw almost a 7% increase in coverage.[78] And Latino adults saw almost an 8% increase.[79]

True to the ACA's objectives, women have significantly benefitted from the operation of the federally-facilitated Exchanges. The majority of participants in those exchanges are low- and moderate-income

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[75] *E.g.*, Urban Institute Report, at 1.

[76] *Compare, e.g.*, Urban Institute Report, at 1 (10.6 million estimate), *with* Sara Collins et al., Commonwealth Fund, *Gaining Ground: Americans' Health Insurance Coverage and Access to Care After the Affordable Care Act's First Open Enrollment Period*, 1 (2014) ("Commonwealth Fund Report") (9.5 million estimate), *available at* http://goo.gl/ZeQ9ye.

While 8 million individuals obtained insurance through the exchanges, in total, 10 million Americans obtained insurance, in part thanks to another provision of the ACA: the expansion of Medicaid eligibility. *See* Commonwealth Fund Report, at 4 & ex. 3. At the close of the first enrollment period, in states where Medicaid eligibility was expanded, the uninsured rate for the poorest adults—those with incomes under 100% of the federal poverty level—dropped from 28% to 17%. In the remaining states, the rate for these people remained statistically unchanged at 36%.

[77] Urban Institute Report, at 6 & fig. 2.

[78] *Id.*

[79] *Id.*

women: Three million enrollees in federally-facilitated Exchanges were women, and more than 350,000 were children.[80] Put differently, while women make up 50% of the non-elderly population in the United States, they make up 55% of the enrollees in federally-facilitated Exchanges.[81]

Participants in federally-facilitated Exchanges do not just benefit from an increase in *coverage*; they are able to use that coverage to seek and receive *care*. Sixty percent of the newly insured reported that after gaining coverage they visited a health care provider or paid for a prescription.[82] Seventy-five percent of the newly insured reported that they are optimistic that their coverage improves their ability to get the care they need.[83] And of those with low or moderate incomes, 85% reported that their new health insurance will improve their ability to get the care that they need, with 62% of these patients reporting that they could not have previously afforded this care.[84]

Women felt this benefit most of all. Because of the Act's requirement that new plans cover recommend-

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[80] More precisely, 2,993,989 women enrolled on the federally-facilitated Exchanges. HHS Enrollment Report, app'x tbl. A1. "Children" in this context means persons 17 years' old and younger.

[81] More precisely, "non-elderly" women are those 64 years' old and younger. HHS Enrollment Report, at 13. (Participation in the federally-facilitated Exchanges is limited to the non-elderly.)

[82] Commonwealth Fund Report, at 1.

[83] *Id.* at 10, ex. 10.

[84] *Id.*

ed screenings and preventive services at no cost to the individual, cost is no longer a barrier for millions of women needing access to routine and potentially life-saving care like Pap tests and mammograms.[85] Cost is no longer a barrier to millions of women seeking access to breastfeeding support, genetic counseling and testing for women with family histories of breast cancer, and screening and counseling for those who have been victims of domestic violence.[86] And cost is no longer a barrier to millions of women seeking access to contraceptive methods and related education and counseling as well as other important preventive care.[87] For example, from 2012 to 2013, an additional 24.4 million prescriptions for birth control were dispensed without co-payment and the number of women who filled their prescriptions for oral contraceptives with no co-payment nearly quadrupled from 1.3 million to 5.1 million.[88] In 2013

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[85] 42 U.S.C. § 300gg-13; 29 C.F.R. § 2590.715–2713(a)(1)(2014); *see also* H.R. Rep. No. 111-299, pt. III, at 104 (2009) (describing intent to require basic benefits package "include the full range of medical services for women's unique health needs, at all stages of life"); 155 Cong. Rec. S11987 (daily ed. Nov. 30, 2009) (statement of Sen. Mikulski) (explaining need to remove barriers to preventive care for women); 155 Cong. Rec. S12025-S12030 (daily ed. Dec. 1, 2009).

[86] Health Res. & Servs. Admin., *Women's Preventive Services: Required Health Plan Guidelines* (2013), *available at* http://goo.gl/KjaciO.

[87] *See, e.g.*, 155 Cong. Rec. S12027 (daily ed. Dec. 1, 2009) (statement of Sen. Gillibrand); 155 Cong. Rec. S12274 (daily ed. Dec. 2, 2009) (statement of Sen. Murray).

[88] IMS Inst. for Healthcare Informatics, *Medicine Use and Shifting Costs of Healthcare: A Review of the Use of Medicines in the United States in 2013* (2014), *available at* http://goo.gl/8Tvua9.

alone, women saved more than $483 million in out-of-pocket costs for birth control, or an average of $269 per woman.[89] In short, millions of American women enrolled on the exchanges have not simply accessed health insurance; they have accessed health care.

III. THE TAX CREDITS ARE CRITICAL TO ACHIEVING THE GOALS OF THE ACA AND MAINTAINING ACCESS TO AFFORDABLE HEALTH CARE FOR AMERICAN WOMEN.

The reforms described above, and the disparities and discrimination they attempt to remedy, cannot succeed without the continued widespread availability of premium tax credits.

The ACA's reforms are frequently analogized to a three-legged stool. The first leg is the Act's non-discrimination market reforms, which (although beneficial to all Americans) eliminate gender-specific barriers to care faced by women. The second is the individual responsibility provision, which broadens the health insurance risk pool and funds the ACA's reforms. And the third is premium tax credits and cost-sharing reductions, which make health insurance and health care affordable for the vast majority of Americans. As one Senator noted, "[i]f you take any leg out, the stool collapses."[90] Should that collapse occur, women will fall disproportionately far—to a place where affordable health care will once again be out of reach.

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[89] *Id.*

[90] 157 Cong. Rec. S737 (daily ed. Feb. 15, 2011) (statement of Sen. Franken).

A. Tax credits are integral to the ACA's viability.

When it crafted the ACA, Congress understood that any comprehensive overhaul of the health insurance market could only succeed if supported by a larger and more diversified risk pool. The Congressional Budget Office (CBO) warned Congress that its reforms aimed at expanding coverage, without additional policy provisions such as significant premium subsidies, would result in "adverse selection" that would "increase premiums in the exchanges relative to nongroup premiums under current law."[91] In other words, unless Congress encouraged the purchase of health insurance by healthy individuals through premium subsidies, those "disproportionately likely to utilize health care would drive up the costs of policies available on the [e]xchanges."[92]

To facilitate participation in the health insurance market, Congress enacted the individual responsibility requirement.[93] And recognizing that health care is cost-prohibitive for many Americans, Congress provided tax credits to enable participation.[94] Thus,

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[91] CBO, *An Analysis of Health Insurance Premiums Under the Patient Protection and Affordable Care Act*, 19 (Nov. 30, 2009) ("*Analysis of Health Insurance Premiums*"), *available at* http://goo.gl/0OyOdO.

[92] *King* v. *Burwell*, 759 F.3d 358, 374 (4th Cir.), *cert. granted*, 135 S. Ct. 475 (2014); *see also Nat'l Fed'n of Indep. Bus.* v. *Sebelius*, 132 S. Ct. 2566, 2614 (2012) (opinion of Ginsburg, J.) (citing "death spiral" that occurred in states that required "universal acquisition of insurance coverage" without also expanding the risk pool).

[93] *See* 26 U.S.C. § 5000A.

[94] 26 U.S.C. § 36B(a).

the success of the individual responsibility provision in expanding the risk pool was made dependent on the widespread availability of premium tax credits.

The tax credits are critical to offset the cost of insurance premiums.[96] The CBO anticipated that the individual mandate and tax credits would result in "an influx of enrollees with below-average spending for health care, who would purchase coverage because of the new subsidies to be provided and the individual mandate to be imposed."[96] As the CBO further explained, "[t]he substantial premium subsidies available in the exchanges would encourage the enrollment of a broad range of people."[97] The CBO estimated that 78% of enrollees would be entitled to premium tax credits, covering, on average, nearly two-thirds of an individual's premium.[98]

Congress thus crafted a solution to its adverse selection problem: The tax credits, together with the individual responsibility provision, are critical to diversifying the risk pool, spreading access to health care and health insurance to millions of Americans. Without the tax credits, the Act's exchanges "would not operate as Congress intended and may not operate at all" because "individuals would lose the main incentive to purchase insurance inside the exchanges, and some insurers may be unwilling to offer insurance inside of exchanges."[99] And without the tax

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[96] *Id.*; *Analysis of Health Insurance Premiums*, *supra*, at 6, 20.

[96] *Analysis of Health Insurance Premiums*, *supra*, at 6.

[97] *Id.* at 19–20.

[98] *Id.* at 24.

[99] *Nat'l Fed'n of Indep. Bus.*, 132 S. Ct. at 2674 (Scalia, J., dissenting).

credits, a large segment of the population would fall within the individual responsibility provision's hardship exemption and would not be required to obtain health coverage. The resulting contracted risk pool could not support the ACA's reforms.

B. Because of the tax credits, over nine million American women have access to health insurance.

Across the country, more than nine million women are eligible to benefit from the tax credits.[100] The vast majority—about seven million—live in states with federally-facilitated Exchanges. In Texas alone, there are 1.3 million women eligible for tax credits. In Florida, there are about 900,000. And in Georgia, more than 400,000.[101]

Women of color have the most at stake. In states with a federally-facilitated Exchange, women of color make up 36% of the adult female population with in-

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[100] This calculation is based on the U.S. Census Bureau's American Community Survey and the University of Minnesota's Integrated Public Use Microdata Series. *See* U.S. Census Bureau, *American Community Survey: 2008–2012* (2013), *available at* http://goo.gl/F0nMmn.; Miriam King et al., Univ. of Minn., *Integrated Public Use Microdata Series, Current Population Survey: Version 3.0* (2010), *available at* http://goo.gl/ddxe5q. This figure includes uninsured adult women (age 18–64) with income between 100–400% of the federal poverty level living in states that have not expanded Medicaid eligibility and women between 138–400% of the federal poverty level in states that have expanded. This is a rough approximation for eligibility; the estimates do not account for the immigration status of women, women who have an offer of coverage through their employer, or women who have an offer through their spouse's employer but remain uninsured.

[101] *Id.*

comes between 100% and 400% of the federal poverty level. But they make up nearly *half* of the uninsured women who are therefore eligible for the tax credits. They include 1.1 million African-American women, nearly 2 million Latinas, roughly a quarter million Asian women, and more than a hundred thousand Native American women. In Texas, for example, three-quarters of a million Latinas are eligible for the tax credits; in Florida, more than 340,000; and in Georgia, almost 100,000. Likewise, in Texas 137,000 African-American women are eligible for the tax credits; in Florida, 169,000; and in Georgia, 138,000.[102]

The CBO projects that overall enrollment in the exchanges will grow to 21 million in 2016, and to 25 million in 2017.[103] (Of more than passing interest, the CBO's estimate about the initial enrollment was low, not high.) Two-thirds of the enrollees (13.6 million Americans) will be enrolled in federally-facilitated Exchanges.[104] And more than 75% of the

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[102] *Id.*

[103] CBO, *The Budget and Economic Outlook: 2015 to 2025*, tbl. B-2 (Jan. 2015), *available at* http://goo.gl/4K2mDo.

A joint study by the Robert Wood Johnson Foundation and Urban Institute has a slightly more conservative estimate, projecting that 20.6 million Americans will be enrolled nationwide by 2016. Linda J. Blumburg et al., Robert Wood Johnson Found. & Urban Institute, *The Implications of a Supreme Court Finding for the Plaintiff in* King v. Burwell, 3 (Jan. 2015) ("Robert Wood Johnson Report"), *available at* http://goo.gl/wVJ6rC.

[104] Robert Wood Johnson Report, tbl. 2.

enrollees on federally-facilitated Exchanges will be eligible for tax credits.[105]

All of this depends, however, on the tax credits being available to Americans regardless of whether they purchased health insurance on a state- or federally-facilitated Exchange.

C. The tax credits have a real impact on real women.

The ACA's impact on women is very real. The ACA's tax credits, in particular, have made a critical difference to millions of women across the country. Just a few of their stories demonstrate what a profound impact the tax credits have had—and what a blow these women would suffer if their subsidies were to vanish.[106]

1. Kathryn Kuchenbrod, 49, is an independent contractor. She does not have employer-sponsored insurance. But she does have serious existing health problems, including a degenerative condition affecting her neck and hip and a history of severe asthma. Without the ACA's tax credits, she would not have been able to afford health insurance, would not be able to afford treatment for these conditions, and as a result would not be able to work. But with the

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[105] *Id.* Overall, the number of uninsured adults will have fallen more than 50%: from 35.8 million in the year before the exchanges went into effect to 18.4 million in 2016. *Compare* U.S. Census Bureau, *Health Insurance Coverage in the US.: 2013*, tbl. 5 (Sept. 2014), *available at* http://goo.gl/Oa9mnh, *with* Robert Wood Johnson Report, *supra*, tbl. 2.

[106] These stories were collected from interviews conducted by the National Women's Law Center and the National Latina Institute for Reproductive Health.

tax credits, Kathryn has coverage through the federally-facilitated Exchange in New Jersey and is able to get the diagnostic tests and specialized care she needs. Kathryn has recognized the importance of the ACA's subsidies to her life and health. If she lost them, she could not buy insurance in New Jersey and would have to leave the state.

2. Dina Núñez is a 51-year-old Latina from Brownsville, Texas. Without health insurance, Dina had no reliable way to see a health provider. Due to budget cuts in health services for uninsured women and families, access to health care in Dina's region of Texas has been particularly hard to find: Dina sought providers in four different towns, traveling long distances and waiting months to get appointments. She paid out of pocket for inconsistent and inadequate care.

During the ACA's open enrollment period, things changed dramatically for Dina. Because of the ACA's tax credits, she was able to enroll in an affordable plan on the federally-facilitated Exchange in Texas, with a monthly payment of $25. She now has access to annual mammograms, Pap screenings, and other medical exams that her health requires. Dina is particularly relieved to have regular access to cervical cancer screenings, given that Latinas have the highest incidence of cervical cancer of any demographic group and cervical cancer rates in Texas are even higher than the national average.[107]

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[107] *See* Division of Cancer Prevention and Control, Centers for Disease Control & Prevention, *Cervical Cancer Rates by Race and Ethnicity* (Aug. 27, 2014), *available at* http://goo.gl/EXv3X6; Vicki Benard et al., Centers for Disease Control and Prevention, *Vital Signs: Cervical Cancer Incidence,*

3. Marilyn Schramm, 63, is a 26-year cancer survivor from Austin, Texas. She endured treatment for cervical cancer in her thirties and has experienced life-long complications from that treatment that have required surgeries since then. Marilyn retired several years ago. When her COBRA rights were exhausted, Marilyn was forced to go without insurance for six months because of her "preexisting conditions." But in January 2014, Marilyn could finally purchase insurance on the federally-facilitated Exchange in Texas, with at least half of her premium covered by the ACA's tax credits.

Marilyn has now been diagnosed with colon cancer; following surgery, she began chemotherapy this month. Her coverage depends on the ACA's prohibition on excluding those with pre-existing conditions, and on its premium tax credits: With her modest retirement income, Marilyn is unsure whether or how she could pay her insurance premium without the tax credits.

4. LaDonna Appelbaum, 47, experienced firsthand the limitations of the individual insurance market pre-ACA. When LaDonna became pregnant in 2010, she discovered that her health insurance did not cover maternity care—it did not cover any costs related to prenatal care, nor any related to her eventual miscarriage. When she searched for a new policy that would provide these benefits, she was told that she would have to endure a one-year waiting period for pregnancy coverage—and then her premiums would quadruple.

Mortality, and Screening—United States, 2007–2012, 1–6 (Nov. 5, 2014), *available at* http://goo.gl/U7d9MQ.

In part because of this experience, LaDonna and her husband purchased coverage on the federally-facilitated Exchange shortly after it opened in Missouri. They were able to do so only because of the premium tax credits that cover 75% of their premium. This coverage came just in time: A little more than six months after it began, LaDonna was diagnosed with breast cancer and required a double mastectomy and subsequent chemotherapy. At the end of her chemotherapy, LaDonna will need radiation therapy and at least two more surgeries before beginning required, regular follow-up visits. Without the tax credits, LaDonna could not afford this coverage—she could not receive these life-saving treatments.

5. Nancy O'Dell, 56, of Murphy, North Carolina was uninsured for almost ten years. She had held health insurance through her employer, but when she started her own counseling practice in 2005, she faced the high costs of purchasing health insurance on her own. The available insurance policies all had limited benefits and high deductibles and premiums, and Nancy had no choice but to go without coverage even though she had several chronic conditions. She later found that remaining uninsured was also unaffordable—after a trip to the emergency room and several medically necessary tests, she racked up thousands of dollars in medical bills that she could not pay.

Last year, when the ACA's open enrollment began, Nancy signed up for insurance right away. Nancy now has a comprehensive and affordable insurance plan: She receives a $600 monthly subsidy and she pays just $83 per month herself. When she sees her

doctor, she has only a $5 co-payment. With this financial help, Nancy has been able to get needed care for her arthritis and fibromyalgia. She was recently diagnosed as pre-diabetic. Now, Nancy can see the specialists and get the prescription drugs she needs to manage her conditions.

Without a tax credit to cover most of her premium, Nancy would not be able to keep her plan and get the care she needs. She would not be able to afford her medication or doctors' visits. Nancy's health has made great progress in the last year, but all that would be lost if she could not keep the coverage that allows her to afford the care she needs.

* * *

Kathryn, Dina, Marilyn, LaDonna, Nancy, and millions more women like them depend on the tax credits to gain access to the Act's key reforms, including its support for preventive care and its protection of those with pre-existing conditions. These central tenets of the ACA deserve this Court's protection. So do the women in the 37 states that opted not to create their own exchange.

IV. WITHOUT THE TAX CREDITS, MILLIONS OF AMERICAN WOMEN WOULD LOSE ACCESS TO HEALTH INSURANCE.

Without the availability of tax credits in states with federally-facilitated Exchanges, the health care marketplace would quickly destabilize, and the improvements in women's health would just as quickly be gutted.

No one seriously disputes that striking down the tax credits in those states with federally-facilitated Exchanges would result in large increases in premi-

ums and large declines in enrollment.[108] And, although there is some disagreement about precisely *how* destructive such an interpretation of the Act would be on the overall health insurance market, there is broad agreement that it would undermine many of the Act's structural reforms.

The Rand Corporation, for example, projects that if all tax credits were to be eliminated, premiums would rise 43.3%, enrollment would fall 68%, and 11.3 million Americans would become uninsured.[109] The Kaiser Family Foundation projects that if Petitioners' arguments win out, 13.4 million Americans in states with federally-facilitated Exchanges will lose their tax credits.[110] Moreover, for 83% of those people, the lowest-cost plan would cost more than 8% of their income—triggering the Act's exemption.[111]

With these people exempt from the individual responsibility provision, the Kaiser Family Foundation observes, "it might be difficult to attract healthy people into the individual market and premiums could rise significantly in these states [with federally-facilitated Exchanges]. The result could be what is commonly called a 'death spiral,' as healthy people

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[108] *See e.g.*, Christine Eibner & Evan Saltzman, Rand Corp., *Assessing Alternative Modifications to the Affordable Care Act*, 2 (2014) ("Rand Report"), *available at* http://goo.gl/BWzkJM; Drew Altman, Kaiser Family Foundation, *How 13 Million Americans Could Loose Insurance Subsidies* (Nov. 19, 2014), *available at* http://goo.gl/1LRkum.

[109] Rand Report, *supra*, at 2.

[110] Altman, *supra*, at 1.

[111] Larry Levitt & Gary Claxton, Kaiser Family Foundation, *The Potential Side Effects of* Halbig (July 31, 2014), *available at* http://goo.gl/3AoC92.

exit the market and premiums rise even more."[112] And the Robert Wood Johnson Foundation and Urban Institute project that striking down the tax credits for participants on the federally-facilitated Exchanges would decrease participation by 75%, increase the total number of uninsured Americans by 8.2 million, and increase premiums by 35% in these states.[113] Low-income people, those in households with income below 200% of the federal poverty level, would be the hardest hit. More than 90% would lose coverage.[114] This collapse would fall most heavily on American women generally, and women of color in particular.

* * *

The Affordable Care Act has ten titles that "stretch over 900 pages and contain hundreds of provisions."[115] Those ten titles are subdivided into subtitles, chapters, subchapters, parts, subparts, sections, subsections, paragraphs, subparagraphs, clauses, subclauses, and items. Petitioners' entire argument rests on four words in one subparagraph: "established by the State." Those four words, Petitioners argue, unambiguously doom the federally-facilitated Exchanges, and with them, the key reforms the Act is designed to institute for all American women. That simply cannot be.[116] Premium tax credits are

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[112] *Id.*

[113] Robert Wood Johnson Report, at 1, 4.

[114] *Id.* at 1.

[115] *Nat'l Fed'n of Indep. Bus.*, 132 S. Ct. at 2580.

[116] *See Whitman* v. *Am. Trucking Ass'ns, Inc.*, 531 U.S. 457, 469 (2001) ("Congress . . . does not alter the fundamental details of a regulatory scheme in vague terms or ancillary provi-

an integral component of the Affordable Care Act. They are a critical part of Congress's goal to address failures in the existing insurance market and achieve near-universal coverage. And they are equally necessary to improving women's health outcomes by removing obstacles to care and ending gender-based discrimination in the health care market. Congress did not intend for this comprehensive scheme to stand or fall with the states' willingness to administer exchanges.

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sions—it does not . . . hide elephants in mouseholes." (citations omitted)); *cf.* John F. Manning, *The Absurdity Doctrine*, 116 Harv. L. Rev. 2387, 2458 (2003) (observing that by interpreting statutory language within the broader context of the statute, "modern textualism screens out many absurdities at the threshold").

CONCLUSION

For all of the foregoing reasons, and those in respondents' brief, the decision of the court of appeals should be affirmed.

Respectfully submitted,

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APPENDIX

AMICI STATEMENTS OF INTEREST

9to5, National Association of Working Women
9to5 is a national membership-based organization of women in low-wage jobs dedicated to achieving economic justice and ending discrimination. Its members and constituents are directly affected by workplace discrimination and poverty, among other issues. 9to5 is committed to protecting and advancing women's access to affordable health care and achieving workplace equality.

Advocates for Youth
Advocates for Youth is a non-profit advocacy organization, founded in 1980, that champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Young people face unique legal, economic, and cultural obstacles to accessing the full range of health care services that enable them to build healthy lives. Advocates for Youth is concerned about the impact that the Court's decision may have on young people's access to the quality healthcare they deserve.

American Academy of Nursing
The American Academy of Nursing is a non-profit organization that serves the public and nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. The Academy supports health policy that aims to improve the health of women through improved clinical services and implementation of comprehensive prevention strategies that

have the potential to improve women's health outcomes throughout their lives. The Academy is concerned about the impact the Court's decision may have on women's access to affordable health insurance as well as its effect on care for those diseases or conditions that disproportionately affect women, including interpersonal violence and domestic violence.

American Association of University Women

For 130 years, the American Association of University Women (AAUW), an organization of over 170,000 members and supporters, has been a catalyst for the advancement of women and their transformations of American society. In more than 1,000 branches across the country, AAUW members work to break through barriers for women and girls. AAUW plays a major role in mobilizing advocates nationwide on AAUW's priority issues, and chief among them is increased acc ss to quality affordable health care. Therefore, AAUW supports efforts to ensure patient protection, equitable treatment of all consumers, coverage of preventive care, and other initiatives to improve the collective health of the American people.

American College of Nurse-Midwives

The American College of Nurse-Midwives (ACNM) is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the United States and strengthens the capacity of midwives in developing countries. Its members are primary care providers for women throughout their lives, with a

special emphasis on pregnancy, childbirth, and gynecologic and reproductive health. ACNM reviews research, administers and promotes continuing education programs, and works with organizations, state and federal agencies, and members of Congress to advance the well-being of women and infants through the practice of midwifery.

American College of Obstetricians and Gynecologists

The American College of Obstetricians and Gynecologists is a non-profit educational and professional organization founded in 1951 and dedicated to advancing women's health through evidence-based practice guidelines. With over 58,000 members, the College and its companion organization, the American Congress of Obstetricians and Gynecologists, are the leading organizations of physicians who specialize in the healthcare of women. The College is committed to improving access for all women to high quality, safe health care.

American Medical Women's Association

American Medical Women's Association is an organization that functions at the local, national, and international level to advance women in medicine and improve women's health. Founded in 1915, AMWA has consistently championed universal access to preventive and primary healthcare, including reproductive health services. AMWA is concerned about the impact that the Court's decision in this case will have on women's access to health care and insurance coverage.

American Society for Emergency Contraception

The American Society for Emergency Contraception (ASEC) advocates for access to and education about emergency contraception. Emergency contraception provides women with a last chance to prevent pregnancy in the case of contraceptive failure, sexual assault, or lack of contraceptive use, and is a critical part of women's reproductive healthcare. ASEC strongly supports comprehensive, affordable health coverage as a fundamental key to improving women's health and lives.

Association of Maternal & Child Health Programs

The Association of Maternal & Child Health Programs (AMCHP) is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. Its members directly serve all women and children nationwide, and strive to improve the health of all women, infants, children and adolescents, including those with special health care needs, by administering critical public health education and screening services, and coordinating preventive, primary and specialty care. Those in the communities that AMCHP's members serve would be greatly affected by the impact that the Court's decision may have on women's access to health insurance.

California Women's Law Center

The California Women's Law Center (CWLC) is a statewide, non-profit law and policy center specializing in the civil rights of women and girls. CWLC's issue priorities include violence against women, reproductive justice, gender discrimination, and women's health. For over 20 years, CWLC has strongly advocated for a woman's ability to access affordable health care. CWLC's interest in this case is based on the reality that women rely on tax credits provided by the Affordable Care Act for access to health care. Striking down the tax credits would detrimentally affect women's access to health care, and would directly harm disadvantaged groups such as minority and elderly women in the areas of prenatal and preventive care. CWLC joins this brief to highlight the crucial protections tax credits provide to women under the Affordable Care Act.

The Center for Reproductive Rights

The Center for Reproductive Rights is a nonprofit organization that uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to respect, protect, and fulfill. The Center specializes in litigating reproductive rights cases throughout the United States and is currently lead or co-counsel in a majority of the reproductive rights litigation occurring across the nation. The Center has undertaken a variety of initiatives to ensure that women have timely access to a comprehensive range of contraceptive options, including emergency contraception. For example, the Center filed a citizen petition with the U.S. Food and Drug Administration on behalf of over 70 medi-

cal and public health organizations seeking to make emergency contraception available over-the-counter, and served as lead counsel in related litigation that was ultimately successful. The Center also works to promote state and federal legislation aimed at increasing access to contraception, such as laws requiring that health insurance plans cover contraceptive drugs and devices. As a rights-based organization, the Center has a vital interest in ensuring that women do not face obstacles in obtaining comprehensive, affordable health care due to harmful and discriminatory health insurance industry practices. The Affordable Care Act makes obtaining affordable health insurance possible for millions of women who could not afford it otherwise.

Central Conference of American Rabbis

The Central Conference of American Rabbis (CCAR), whose membership includes more than 2000 Reform rabbis come to this issue rooted in two central ideas that underlie the abiding Jewish commitment to provide health care to all of God's children: The first is Judaism's teaching that an individual human life is of infinite value and that the preservation of life supersedes almost all other considerations. The second is the belief that God has endowed us with the understanding and ability to become partners with God in making a better world. For these reasons, CCAR believes that when members of a society at large are ill, our responsibility—not only of the medical profession but of all of us—expands to ensure that medical resources are available at an affordable cost to those who need them.

Colorado Consumer Health Initiative

Colorado Consumer Health Initiative (CCHI) is a nonprofit membership based consumer-focused advocacy organization working to achieve access to affordable, quality, and equitable health care for all Coloradans. With its members, CCHI represents 50 organizations and 500,000 individuals throughout the state. Colorado has a state-based marketplace and over 120,000 Coloradans have gained access to affordable health coverage options during this open enrollment. CCHI is concerned that the Supreme Court's decision in *King* v. *Burwell* could jeopardize affordable coverage for covered individuals in SBM states as well as those in federal marketplace states.

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR) is a non-profit organization established in 1998 to serve as a sisterhood of Latinas dedicated to building a movement of Latinas, their families, and allies, through leadership development, organizing, and advocacy to create opportunities and achieve reproductive justice. Women, and particularly women of color, have long faced pervasive barriers to obtaining comprehensive, affordable health coverage due to harmful and discriminatory health insurance industry practices. COLOR is deeply concerned about the impact that the Court's decision may have on women's access to health insurance.

Feminist Majority Foundation

The Feminist Majority Foundation (FMF), founded in 1987, is the largest feminist research and action organization dedicated to women's equality, reproductive health, and the empowerment of women and girls in all sectors of society. For decades, FMF has been a strong advocate for comprehensive women's health care, engaging in research and public policy development, public education programs, grassroots organizing projects, and leadership training and development. FMF has filed numerous amicus curiae briefs in the U.S. Supreme Court and the federal circuit courts to advance women's health and equality for women and girls.

Florida CHAIN

Florida CHAIN is the statewide organization working to maximize Floridians' access to affordable, quality health coverage and health care through education, advocacy, outreach, coalition-building, and other efforts undertaken with and on behalf of consumers. Throughout its almost two decades of work toward that end, Florida CHAIN has placed a particular emphasis on the health coverage needs of and coverage-related barriers faced by low- and moderate-income Floridians. Florida CHAIN believes that the case currently before the Court has the potential to drastically alter the extent to which low- and moderate-income Florida consumers can access needed coverage as well as the conditions under which they are able to access it.

Guttmacher Institute

Guttmacher Institute is a private not-for-profit organization, founded in 1968, that seeks to advance sexual and reproductive health and rights through an interrelated program of research, policy analysis, and public education. The Institute's overarching goal is to ensure the highest standard of sexual and reproductive health for all people worldwide, which includes promoting laws and policies that remove obstacles and facilitate access to preventive health care services. Based on the Institute's long experience in this field and depth of knowledge concerning the importance and value to individuals and society of comprehensive, affordable health insurance and coverage, the Institute has profound concerns about how the Court's decision may affect the ability of women and men to obtain or continue to afford the health insurance they require in order to avail themselves of the health care they need.

Hadassah, The Women's Zionist Organization of America, Inc.

Hadassah, The Women's Zionist Organization of America, Inc., founded in 1912, has over 330,000 Members, Associates, and supporters nationwide. While traditionally known for its role in initiating and supporting pace-setting health care and other initiatives in Israel, Hadassah also has had a longstanding commitment to strengthening the health care system in the United States, particularly with regard to the health care needs of women and children. Consistent with that commitment, Hadassah believes that all Americans should have access to affordable, quality health care. The Afford-

able Care Act represents a significant step toward achieving that goal.

The Institute for Science and Human Values

The Institute for Science and Human Values supports the position of the National Women's Law Center that all persons are entitled to health care, regardless of their financial condition. The Institute believes that where some Americans are unable to pay for their health insurance under the Affordable Care Act, the government must help them do so.

League of Women Voters of the United States

The League of Women Voters of the United States is a nonpartisan, community-based organization that encourages the informed and active participation of citizens in government and influences public policy through education and advocacy. Founded in 1920 as an outgrowth of the struggle to win voting rights for women, the League is organized in close to 800 communities and in every state, with more than 150,000 members and supporters nationwide. The League of Women Voters has long standing positions in support of equal access to health care and equal rights for women.

Legal Momentum

Legal Momentum, founded in 1970 and the nation's oldest legal advocacy organization for women, advances the rights of all women and girls by using the power of the law and creating innovative public policy. Legal Momentum has litigated many cases involving women's reproductive health services, including *Schenck* v. *Pro-Choice Network*, 519 U.S. 357

(1997) and *Bray* v. *Alexandria Women's Health Clinic*, 506 U.S. 263 (1993). Because women's unequal access to health care is both a cause and consequence of the feminization of poverty, Legal Momentum is concerned about the impact that the Court's decision may have on women's access to health insurance.

Legal Voice

Legal Voice is a nonprofit public interest organization in the Pacific Northwest that works to advance the legal rights of all women through litigation, legislation, and the provision of legal information. Since its founding in 1978, Legal Voice has advocated for legislation and served as counsel or amicus in numerous cases aimed at ending discrimination against women and promoting gender equity—including in health care services. Legal Voice serves as a regional expert on gender equity and reproductive health law and policy and has a strong interest in ensuring that all women have affordable access to coverage for the health care they need and deserve.

Maine Consumers for Affordable Health Care

Maine Consumers for Affordable Health Care (CAHC) is a statewide consumer health advocacy organization founded in 1988 whose mission is to improve access to affordable, quality health care for all people in Maine, regardless of age, health status, gender, sexual orientation, occupation, income, race, ethnicity, religion, or political affiliation. Maine CAHC operates a toll-free, statewide consumer assistance HelpLine to serve individuals and service professionals; provides policy research and analysis; and works to collectively raise the voices of average con-

sumers and small enterprises within legislative and other policy making forums.

Maryland Women's Coalition for Health Care Reform

The Maryland Women's Coalition for Health Care Reform is a non-partisan, statewide alliance of thousands of individuals and 100 organizations whose mission is to promote health equity through access to affordable, comprehensive, and high-quality health care for all Marylanders. The Affordable Care Act has made a significant and positive difference in the lives of women and families in Maryland and across the country. The Maryland Women's Coalition for Health Care Reform is profoundly concerned about the impact that the Court's decision may have on Marylanders' continued access to health insurance.

Methodist Federation for Social Action

The Methodist Federation for Social Action (MFSA) is an independent organization uniting United Methodist activists to take action on peace, poverty, people's rights, progressive issues, and justice in the Church and world. Since 1907, MFSA has been working primarily through grassroots and global connections, supporting and augmenting the church's activities on behalf of justice. MFSA has chapters in twenty-four of the fifty-seven United Methodist Annual (regional) Conferences within the United States.

In its Theological Affirmation, MFSA affirms the goodness of God's creation and the sacredness of all creation. Therefore, it does not take the question of

abortion lightly. MFSA envisions a world where every child is a wanted child, while recognizing the realities of an imperfect world. Because MFSA regards all life as sacred, it considers the life, health, and well-being of the mother to be just as valuable as the potential life of the fetus. MFSA also believes that access to reproductive healthcare must remain free from government coercion. This includes denying funding access for reproductive healthcare options, including abortion services, while other forms of healthcare coverage are allowed. Denial of such coverage has a disproportionately tragic effect on poor women and women of color. Those with the financial means will always find a way to terminate an unwanted or dangerous pregnancy. Women without these means are deprived of the right to adequate medical care and the right to make decisions about their own futures, families, and bodies. With its historic emphasis on economic justice for all people, MFSA finds any legislative restrictions on full health care for all women, including access to safe and legal abortions, unacceptable.

MomsRising

MomsRising is a grassroots organization of over one million members working to increase family economic security, to end discrimination against women and mothers, and to build a nation where both businesses and families can thrive. Moms depend on accessible, affordable health coverage for themselves and their families and MomsRising is profoundly concerned about the impact the Court's decision may have on the health and economic security of its families.

Montana Women Vote
Montana Women Vote is a statewide organization of low-income women and families founded in 1999. Low-income women in Montana experience a lack of access to affordable, quality health care as a concrete barrier to economic stability, safety, and dignity. Montana Women Vote is deeply concerned with any policy change or Court decision that could further affect the ability of low-income women to access care.

NARAL Pro-Choice America
NARAL Pro-Choice America believes every woman has the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion. NARAL supports women's access to the full benefits of the Affordable Care Act, including contraceptive coverage with no co-pay, maternity care, and prohibiting sex discrimination in the healthcare system.

National Abortion Federation
The National Abortion Federation (NAF), a nonprofit organization founded in 1977, is the professional association of abortion providers. The mission of NAF is to ensure safe, legal, and accessible abortion care, which promotes health and justice for women. NAF's members include private and nonprofit clinics, women's health centers, physicians' offices, and hospitals who together care for more than half the women who choose abortion in the United States and Canada each year. NAF believes that all women deserve access to comprehensive reproductive health care.

National Asian Pacific American Women's Forum

The National Asian Pacific American Women's Forum (NAPAWF) is the only national, multi-issue Asian American and Pacific Islander women's organization in the country. NAPAWF's mission is to build a movement to advance social justice and human rights for AAPI women and girls. Access to quality, comprehensive primary and reproductive health care is an important founding platform for NAPAWF. As such, NAPAWF is a member of numerous national coalitions seeking to ensure access to health care for immigrants and access to comprehensive reproductive health care for women. Successful implementation of the Affordable Care Act is essential for its members.

National Association of Commissions for Women

The National Association of Commissions for Women (NACW) is a non-profit coalition of officially established and appointed local and state advisory boards on women's rights and concerns. Each Commission for Women is created by the state, county or city government it advises, and is charged with representing the needs of the women and girls within its jurisdiction. NACW has been the national voice of those Commissions for Women since 1975, and has a longstanding position supporting women's right to comprehensive, affordable health coverage. NACW is deeply concerned about the impact that the Court's decision may have on women's access to health insurance, and supports efforts to eliminate discrimi-

natory practices and policies in our system of health care coverage.

National Association of Nurse Practitioners in Women's Health

The National Association of Nurse Practitioners in Women's Health (NPWH) is a nonprofit, nonpartisan professional membership organization dedicated to ensuring women's access to quality primary and specialty healthcare by women's health and women's health focused nurse practitioners. NPWH's constituents are at the front line of providing health care to women, and recognize the importance of access to affordable health insurance as critical to supporting improved health status for women. Likewise, access to affordable health insurance without cost sharing, as provided by the insurance products represented on the Health Insurance Exchanges, assures that women can achieve optimal health before and between pregnancies, thus promoting healthy pregnancy outcomes. NPWH supports women's continued contributions to the workforce and healthy pregnancy outcomes. NPWH is profoundly concerned about the impact the Court's decision will have on women's access to health care and their overall health status.

National Center for Health Research

The National Center for Health Research (NCHR) is a non-profit, nonpartisan research and education organization that improves the health of adults and children by conducting and analyzing research that can improve programs, treatments, and policies. The Center helps individual patients and also works on a national level to improve policies that affect public

health. The Cancer Prevention and Treatment Fund is the Center's major program—it helps children and adults reduce their risks of cancer and assists them in choosing the best treatments.

The Affordable Care Act has proven to be of great benefit to adults and children by improving the affordability and quality of health insurance coverage. Women and children in particular have benefited, since women on average earn less than men, and women are more likely to be low-income single parents. Research indicates that the Court's decision could have a negative impact on the health of all Americans, and particularly women and children.

National Center for Lesbian Rights

The National Center for Lesbian Rights (NCLR) is a non-profit legal advocacy organization dedicated to the safety and rights of lesbian, gay, bisexual and transgender (LGBT) people. NCLR has a particular interest in ensuring that LGBT people have access to affordable, non-discriminatory health care.

National Congress of Black Women, Inc.

The National Congress of Black Women, Inc. is a 501(c)(3) non-profit organization. As one of the premier women's rights organizations, it has worked for the rights of women since 1984. The National Congress of Black Women, Inc. advocates for all legal, educational and economic rights of women and their families, and assist marginalized women with advice and policy changes on managing and obtaining their health care benefits.

National Council of Jewish Women

The National Council of Jewish Women (NCJW) is a grassroots organization of 90,000 volunteers and advocates who turn progressive ideals into action. Inspired by Jewish values, NCJW strives for social justice by improving the quality of life for women, children, and families, and by safeguarding individual rights and freedoms. NCJW's Resolutions state that NCJW resolves to work for "quality, comprehensive, confidential, nondiscriminatory health coverage and services, including mental health, that are affordable and accessible for all" and for "comprehensive, confidential, accessible family planning and reproductive health services, regardless of age or ability to pay." NCJW's Principles state that "a democratic society must provide for the needs of those unable to provide for themselves," and that "health, education, and human services must be coordinated, comprehensive, accessible, and sufficiently funded." Consistent with its Principles and Resolutions, NCJW joins this brief.

National Employment Law Project

The National Employment Law Project (NELP) is a non-profit organization that advocates on behalf of low-wage and unemployed workers. NELP knows too well the struggles of those who do not have good jobs, and those who are between jobs, who do not have access to affordable health insurance. Without insurance, any accident or hospitalization, no matter how brief or minor, can lead to significant debt that negatively impacts credit history. With more and more employers screening out job applicants with poor credit history, it is more important than ever for

low-wage and struggling workers in this country to have adequate access to affordable health care.

National Family Planning & Reproductive Health Association

The National Family Planning & Reproductive Health Association (NFPRHA) represents the broad spectrum of family planning administrators and clinicians serving the nation's low-income and uninsured populations. NFPRHA's more than 660 organizational members operate or fund a network of nearly 5,000 health centers and service sites in all 50 states and the District of Columbia, providing family planning and other preventive health services to millions of low-income and uninsured individuals each year. NFPRHA believes that all people should have timely access to affordable, confidential, high-quality family planning and sexual health services and supplies, and supports public funding for and commercial insurance coverage of such services and supplies.

National Health Care for the Homeless Council

The National Health Care for the Homeless Council (NHCHC) is a non-profit membership organization that has been working since 1985 to unite the best practices in homeless health care. In 2013, its members served nearly 400,000 girls and women experiencing homelessness, facilitating Affordable Care Act-related health insurance for many of them. Many have complex health conditions and need significant assistance in accessing the health care and supportive services they need to improve their health and regain stable housing. NHCHC is extremely concerned that the Court's decisions will disconnect

its clients from health insurance, and in turn, the services that have been initiated to address their health conditions.

National Latina Institute for Reproductive Health

The mission of National Latina Institute for Reproductive Health (NLIRH) is to ensure the fundamental human right to reproductive health and justice for Latinas, their families and their communities through public education, community mobilization and policy advocacy. NLIRH is the nation's only reproductive health policy and advocacy organization working on behalf of the reproductive health and justice of the nation's 26 million Latina women.

National Organization for Women Foundation

The National Organization for Women Foundation is a 501(c)(3) education and litigation organization founded in 1986 and is affiliated with the National Organization for Women, the largest feminist grassroots activist organization in the U.S. Women's access to affordable health care and protection of women's reproductive rights are among the top issues on which the Foundation educates and advocates. Loss of health insurance coverage under the Patient Protection and Affordable Care Act (ACA) would have a devastating impact on millions of low- and moderate-income women and their families, both in terms of their health and well-being as well as their financial security. NOW Foundation believes it was the intent of Congressional lawmakers when adopting the ACA that subsidies in the form of premium tax credits for qualified individuals and families be available under

both the state exchanges and the federally-facilitated Exchanges.

National Partnership for Women & Families
The National Partnership for Women & Families is a nonprofit, nonpartisan organization that uses public education and advocacy to promote equal rights and quality health care for all. Founded in 1971 as the Women's Legal Defense Fund, the National Partnership advocated for the critical reforms established by the Affordable Care Act, which address discriminatory practices in the insurance industry and make affordable, quality health care a reality for women and their families.

National Women's Health Network
The National Women's Health Network (NWHN) is a non-profit advocacy organization that is supported by its members. NWHN works to improve the health of all women by developing and promoting a critical analysis of health issues in order to effect policy change and support consumer decision-making. NWHN advocates for a health care system that is guided by social justice and meets the needs of diverse women. NWHN believes that all women should have access to safe, effective, and comprehensive health care. Because of its core beliefs, NWHN is concerned that the Court's decision may negatively impact women's access to health insurance.

New York Lawyers for the Public Interest
New York Lawyers for the Public Interest (NYLPI) is a non-profit civil rights law firm committed to advancing equality and civil rights. NYLPI was found-

ed in 1976 to serve the legal needs of underserved, underrepresented New Yorkers and their communities. Through the practice of community lawyering, NYLPI puts its legal, policy, and community organizing expertise at the service of New York City communities and individuals. NYLPI's Health Justice Program works to challenge health disparities and ensure equal access to high quality health care for people from medically underserved neighborhoods. NYLPI's work is aimed at eliminating racial and ethnic discrimination, and systemic and institutional barriers to care. To this end, it seeks to uphold the Affordable Care Act (ACA), in particular those aspects that enable members of low-income communities to access insurance, including tax credits. In New York State, the implementation of the ACA has significantly expand access to healthcare for historically uninsured and under-insured communities and NYLPI strongly supports efforts to maintain the same opportunities for residents of federally-facilitated Exchange states.

North Carolina Justice Center

The North Carolina Justice Center is the state's leading non-profit research and advocacy organization. Its mission is to eliminate poverty in North Carolina by ensuring that every household in the state has access to the resources, services and fair treatment it needs to achieve economic security. The Justice Center and its Health Access Coalition project have worked for many years on issues impacting women and families including expanding Medicaid access to more pregnant women, achieving pay equity, increasing protections for victims of domestic vio-

lence, and granting caregivers greater flexibility at work. In the last two years the NC Justice Center has worked with allied women's organizations on private health insurance outreach and enrollment efforts. The Justice Center fears that the Court's decision in this case may disrupt the private insurance market and impede women's access to affordable health insurance.

Ohio Council of Churches

The Ohio Council of Churches is an ecumenical organization comprising eighteen mainline Christian Denominations whose mission is to make visible the unity of Christ's church, provide a Christian voice on public issues, and engage in worship, education and service. The Ohio Council of Churches strongly believes that health care for all Americans is an important pledge as we look to lift up those who are least among us. The Ohio Council of Churches supports the amicus brief being put forth by the National Women's Law Center.

People For the American Way Foundation

People For the American Way Foundation (PFAWF) is a nonpartisan civic organization established to promote and protect civil and constitutional rights, as well as American values like equality and opportunity for all. Founded in 1981 by a group of civic, educational, and religious leaders, PFAWF now has hundreds of thousands of members nationwide. PFAWF's African-American Ministers Leadership Council, an alliance of 1,500 African-American clergy devoted to these values, has worked specifically on outreach to previously uninsured and vulnerable

women, men, and families to help them take advantage of the opportunities provided by the Affordable Care Act (ACA), work that would be severely undermined if this Court misinterprets the ACA as Petitioners demand.

Physicians for Reproductive Health

Physicians for Reproductive Health (PRH) is a doctor-led national organization that uses evidence-based medicine to promote sound reproductive health care policies. PRH unites the medical community and concerned supporters to improve access to comprehensive reproductive health care, including contraception and abortion, especially to meet the health care needs of economically disadvantaged patients.

Planned Parenthood Federation of America

Planned Parenthood Federation of America is the leading provider of reproductive health care in the United States, delivering medical services through approximately 700 health centers operated by 64 affiliates across the United States. Planned Parenthood's mission is to provide comprehensive reproductive health care services and education, to provide educational programs relating to reproductive and sexual health, and to advocate for public policies to ensure access to health services. One out of every five women in the United States has received care from Planned Parenthood.

ProgressOhio Education, Inc.

ProgressOhio Education, Inc. support the Amicus Brief submitted by the National Women's Law Cen-

ter. ProgressOhio is a recognized voice on many of the leading progressive issues like women's rights and access to affordable health care. ProgressOhio counts over 300,000 Ohioans as members and is committed to ensuring that every Ohioan has access to all the health care services they need.

Raising Women's Voices for the Health Care We Need

Raising Women's Voices for the Health Care We Need (RWV) is a national initiative working to ensure that the health care needs of women and our families are addressed as the Affordable Care Act is implemented. It has a diverse network of grassroots health advocacy organizations in 26 states and D.C. RWV has a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, and members of the lesbian, gay, bisexual, transgender, and queer community. RWV places a priority on asking women to share their experiences navigating the health care system. RWV believes that all women should have access to safe, effective, and comprehensive health care. Because of its core beliefs, RWV is concerned that the Court's decision may negatively impact women's access to health insurance.

Reproductive Health Technologies Project

The Reproductive Health Technologies Project (RHTP) is a national nonprofit advocacy organization that works to promote access to existing and emerging reproductive health technologies so all people have meaningful choices when it comes to maintain-

ing their reproductive health and planning their families. Affordability is an essential component of guaranteeing access to reproductive healthcare. As such, RHTP believes that tax credits for comprehensive insurance coverage are critical to ensuring a system that provides adequate health care for all.

Secular Women

Secular Woman is a non-profit organization focused on amplifying the voice, presence, and influence of non-religious women. It is the only organization with a sole focus on this population. Historically women's access to healthcare has been limited by legislation and societal factors. Secular Woman is exceedingly troubled by obstacles that women face to accessing healthcare, including financial constraints. The Court's decision in this case will set a standard for healthcare access in this country—Secular Women urges the Court not to penalize those with fewer funds.

Sexuality Information and Education Council of the United States

The Sexuality Information and Education Council of the U.S. (SIECUS), founded in 1964, strives to advance education and information about sexuality and sexual health. SIECUS affirms that sexuality is a fundamental part of being human, one that is worthy of dignity and respect. It advocates for the right of all people to accurate information, comprehensive education about sexuality, and access sexual health services. SIECUS is concerned that the Court's decision may have deleterious effects on women's access to health services.

Sociologists for Women in Society
Sociologists for Women in Society is a nonprofit professional feminist organization dedicated to encouraging the development of sociological feminist theory and scholarship; transforming the academy through feminist leadership, career development, and institutional diversity; promoting social justice through local, national, and international activism; and supporting the publication and dissemination of cutting edge feminist social science.

UltraViolet
UltraViolet is a community of women and men across the U.S. mobilized to fight sexism and expand women's rights, from politics and government to media and pop culture. UltraViolet works on a range of issues, including health care, economic security, violence, and reproductive rights, and is concerned that continued attacks on the Affordable Care Act will negatively impact women's access to critical, life-saving health care.

Union for Reform Judaism
The Union for Reform Judaism, whose 900 congregations across North America includes 1.5 million Reform Jews come to this issue rooted in two central ideas that underlie the abiding Jewish commitment to provide health care to all of God's children: The first is Judaism's teaching that an individual human life is of infinite value and that the preservation of life supersedes almost all other considerations. The second is the belief that God has endowed us with the understanding and ability to become partners

with God in making a better world. For these reasons, the Union for Reform Judaism believes that when members of a society at large are ill, our responsibility—not only of the medical profession but of all of us—expands to ensure that medical resources are available at an affordable cost to those who need them.

Unitarian Universalist Association

The Unitarian Universalist Association (UUA) comprises more than 1,000 Unitarian Universalist congregations nationwide. The UUA is dedicated to the principle of quality health care for all people. The UUA participates in this amici curiae brief because it believes Affordable Care Act furthers this value.

Virginia Organizing

Virginia Organizing is a non-partisan statewide grassroots organization dedicated to challenging injustice by empowering people in local communities to address issues that affect the quality of their lives. It believes that all people should be treated fairly and with dignity in all aspects of life, regardless of race, class, gender, religion, sexual orientation, age, ability or country of origin. Virginia Organizing believes that everyone should have access to affordable, quality health care and is concerned that the Court's decision may negatively affect individual and family access to necessary medical care.

Wisconsin Alliance for Women's Health

The Wisconsin Alliance for Women's Health (WAWH) is a statewide non-profit with a vision that

every Wisconsin woman—at every age and every stage of life—is able to reach their optimal health, safety and economic security. Women have long faced great difficulty obtaining comprehensive, affordable health coverage due to harmful and discriminatory health insurance industry practices. WAWH is profoundly concerned about the impact that the Court's decision may have on women's access to health insurance.

Women Donors Network

The Women Donors Network (WDN) is committed to protecting the rights and access to affordable and preventive women's healthcare, with a particular interest in ensuring that women receive the full benefits of no-cost-sharing contraceptive coverage as intended by the Affordable Care Act. WDN supports reproductive health, rights, and justice solutions that enable all women to make important life decisions for themselves and their families.

Women of Reform Judaism

Women of Reform Judaism that represents more than 65,000 women in nearly 500 women's groups in North America and around the world come to this issue rooted in two central ideas that underlie the abiding Jewish commitment to provide health care to all of God's children: The first is Judaism's teaching that an individual human life is of infinite value and that the preservation of life supersedes almost all other considerations. The second is the belief that God has endowed us with the understanding and ability to become partners with God in making a bet-

ter world. For these reasons, we believe that when members of a society at large are ill, our responsibility—not only of the medical profession but of all of us—expands to ensure that medical resources are available at an affordable cost to those who need them.

Women's Bar Association of the District of Columbia

The Women's Bar Association of the District of Columbia (WBA) is one of the oldest and largest voluntary bar associations in metropolitan Washington, DC. WBA's mission is to maintain the honor and integrity of the profession; promote the administration of justice; advance and protect the interests of women lawyers; promote their mutual improvement; and encourage a spirit of friendship among our members. The WBA is dedicated to advancing women's rights in furtherance of an equal and just society. A key part of that advancement is women being safe and healthy and having access to comprehensive and quality health care.

Women's Law Center of Maryland, Inc.

The Women's Law Center of Maryland, Inc. is a nonprofit, membership organization with a mission of improving and protecting the legal rights of women, particularly regarding gender discrimination, sexual harassment, employment law, family law and reproductive justice. Through its direct services and advocacy, the Women's Law Center seeks to prevent the disadvantages and discrimination women face in obtaining health insurance coverage and ensure the

ability to access affordable health care regardless of their economic status.

Women's Law Project

The Women's Law Project (WLP) is a nonprofit legal advocacy organization dedicated to creating a more just and equitable society by advancing the rights and status of all women throughout their lives. To this end, it engages in high impact litigation, advocacy, and education. Founded in 1974, the WLP has a long and effective track record on a wide range of legal issues related to women's health, well-being, and equality, including working to improve access to comprehensive, quality, and affordable health care for women and eliminating bias that prevents women from obtaining access to health care. Primary goals WLP has pursued include access to reproductive health care and elimination of insurance discrimination against victims of domestic violence. In 2012, WLP published *Through the Lens of Equality: Eliminating Sex Bias to Improve the Health of Pennsylvania's Women*, which examined the impact of sex bias on women's health including within the health care system. WLP advocated for adoption of the Affordable Care Act to reduce the significant barriers to health care that confront women in the health insurance market and have a strong interest in full implementation of the Affordable Care Act.

WOMEN'S WAY

WOMEN'S WAY, a non-profit organization founded in the mid-1970's, is a powerful voice for women and girls, fighting for policies that help women overcome barriers, gain equality, and advance their standing

in the Greater Philadelphia region through grant-making, advocacy, and education.

WV FREE

WV FREE, founded in 1989, is a reproductive health, rights and justice organization that works to increase access to health care for West Virginia women and families. Onerous, discriminatory practices by insurance companies keep many women in West Virginia from getting solid, affordable health insurance. WV FREE is anxious that the Court's decision may negatively affect its constituency from accessing the health insurance they need.

YWCA USA

The YWCA is one of the oldest and largest women's organizations dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. In over 1200 locations nationwide, YWCA's offer women job training, housing, anti-violence programs, and more. Its clients are women of all ages and backgrounds, including the elderly, survivors of domestic and sexual violence, military veterans and low-income and homeless women and their families. The YWCA supports quality, affordable and accessible health care. The issues of this case are directly related to the YWCA's commitment to ensuring that women, particularly low-income and women of color have improved access to health care coverage through health care subsidies and Medicaid expansion. The full implementation of the ACA is a priority of the YWCA.